

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021427

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1420

FILED MAY 21 1962

## 1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS COUNTY (25), MO.Length of stay in 1b  
YRS.c. FULL NAME OF DECEASED (If not in hospital, give location)  
HOSPITAL OR INSTITUTION 9458 S. Broadway (Rear)  
NONEInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY ST. LOUIS

c. CITY OR TOWN LEMAY (25)

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
9458 S. BROADWAY (Rear)Reside on Farm/  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WALTER

ELIKEM

MCKEE

## 4. DATE OF DEATH

Month

Day

Year

5-8-62

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-27-969. AGE (last birthday)  
66 YEARSIF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY

MANUFACTURING

11. BIRTHPLACE (City and state or country)

LITHIUM, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

WILLIAM MC KEE

## 13b. MOTHER'S MAIDEN NAME

ANNA AYERS

## 14. NAME OF HUSBAND OR WIFE

JEWELL E. MC KEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW-I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

JEWELL E. MC KEE (Wife)  
9458 S. Broadway (Rear), St. Louis (25), Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

INTERVAL BETWEEN  
ONSET AND DEATH  
3 YEARSConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

ARTERIOSCLEROSIS, GENERAL

3 YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PULMONARY EMPHYSEMA OBSTRUCTIVE

10 YEARS

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-2-61 to 4-4-62  
Death occurred at 4:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Dr. Earl M. Schellhouse, M.D.

## 22b. ADDRESS

VET. ADM. HOSP., JEFF. BRKS., MO.

## 22c. DATE SIGNED

5-8-62

23a. BURIAL; CREMATION,  
REMOVAL (Specify)

## 23b. DATE

May 11, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

## (State)

## 24. FUNERAL DIRECTOR

C. H. H. Mortuaries

## ADDRESS

7814 So. Broadway St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-9-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Dennehy*

Licensed Embalmer No.

*4194*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.